

City of Houston
Human Resources Department
Medical Accommodation Request Form
COVID-19 TESTING

To request an exemption from COVID-19 diagnostic testing, please complete Part I below and have your medical provider complete Part II before submitting this form through the COVID-19 Portal for City Employees (https://cohcovidtestportal.qualtrics.com/jfe/form/SV_6ifRWfx8uGZkTEq).

PART I – To be completed by employee

Section I – Employee Information

Name: _____ Employee #: _____

Home Address: _____
(Street # and Name) (City) (State) (Zip)

Home Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Email: _____

Department & Division: _____

Section II – Accommodation Request (Please type or print legibly)

I am requesting a medical exemption from the City of Houston's policy on COVID-19 Mitigation Safety Measures for the following reason(s):

Section III – Certification Statement

I have read and understand City of Houston's policy on COVID-19 Mitigation Safety Measures. I verify that the information I am submitting to support my request for an exemption from the testing requirements of the City of Houston's policy on COVID-19 Mitigation Safety Measures is true and accurate to the best of my knowledge. I understand that my submission to the City or use of any falsified information relating to this testing accommodation request can lead to corrective action, up to and including an indefinite suspension or termination.

I further understand that the City of Houston is not required to provide an accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for the City of Houston.

Employee signature: _____ Date: _____

This form shall be submitted through COVID-19 Portal for City Employees (https://cohcovidtestportal.qualtrics.com/jfe/form/SV_6ifRWfx8uGZkTEq). No paper applications will be accepted.

PART II – Medical Certification for COVID-19 Testing Exemption

Employee Name: _____

Dear Healthcare Provider,

The City of Houston requires City employees to submit COVID-19 diagnostic test results on or before the 1st and 15th of every month. Only test results from any PCR (molecular) test with Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services will be accepted. The individual named above is seeking an exemption to this policy requirement due to medical reasons.

Please complete this form to assist The City of Houston in the reasonable accommodation process. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, **we are asking that you not provide any genetic information when responding to this request for medical information.** “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

The person named above is not able to comply with the City’s COVID-19 diagnostic testing requirement for the following medical reason(s):

The expected duration of the need for the accommodation is (check one below):

_____ Temporary, expiring on: __/__/__, or when _____.

_____ Permanent.

I certify the above information to be true and accurate for the above-named individual. I understand this is an official governmental document covered under the Texas Penal Code Chapter 37.

Healthcare Provider Name (print):	National Provider Identifier (NPI):	License No.:
Healthcare Provide Signature:	Date:	
Practice Name & Address:	Healthcare Provider Phone:	

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